

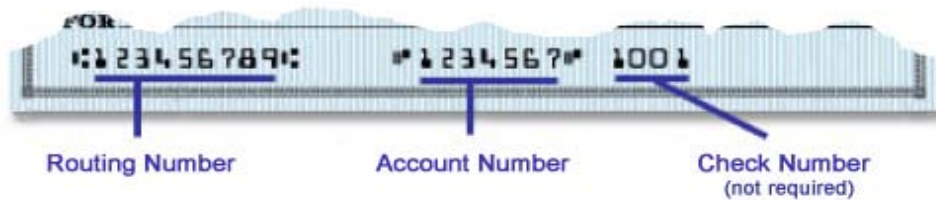
# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH)

I (we) hereby authorize **ALICE WHITTEN, STANDING CHAPTER 13 TRUSTEE**, hereinafter called **TRUSTEE**, to initiate monthly debit entries in the amount of the Chapter 13 Plan, Amended Plan or Modified Plan and, if necessary, to initiate credit and debit adjustment entries for any entries in error to my (our) account indicated at the depository named below, hereinafter called **DEPOSITORY**.

Beginning Date (month/year) \_\_\_\_\_ / \_\_\_\_\_

Date of Monthly Debit [select one] 7<sup>th</sup> \_\_\_\_\_ OR 23<sup>rd</sup> \_\_\_\_\_

Bank/Credit Union Name \_\_\_\_\_



Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account [select one]: Checking \_\_\_\_\_ OR Savings \_\_\_\_\_

Account Holder's Name(s):  
(Please print)

\_\_\_\_\_ Last 4 of Social Security Number \_\_\_\_\_

\_\_\_\_\_ Last 4 of Social Security Number \_\_\_\_\_

This authority is to remain in full force and in effect until the **TRUSTEE** has received written notification from me (us) of its termination in such time and in such a manner as to afford the **TRUSTEE** and **DEPOSITORY** a reasonable opportunity to act on it, or until my/our Chapter 13 case is converted, dismissed, or completed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

CHAPTER 13 CASE NUMBER: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell / Home / Work [circle one]

ATTACH A BLANK, **PRE-PRINTED, VOIDED** CHECK FOR A CHECKING ACCOUNT **OR** A BLANK, **PRE-PRINTED, VOIDED** DEPOSIT SLIP FOR A SAVINGS ACCOUNT.  
TEMPORARY CHECKS OR DEPOSIT SLIPS **WILL NOT** BE ACCEPTED.  
**THIS INFORMATION CANNOT BE FAXED OR EMAILED. ORIGINALS OF BOTH THIS FORM AND THE VOIDED CHECK/DEPOSIT SLIP MUST BE SUBMITTED.**

Mail to: **ALICE WHITTEN, STANDING CHAPTER 13 TRUSTEE**  
**6100 WESTERN PLACE DR., STE. 1050**  
**FORT WORTH, TX 76107**